

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21	/					
22		/				
23			/			
24				/		
25					/	
26						/
27						
28	/					
29			/			
30				/		
31					/	
32						/
33						
34						
35						
36						
37	/					
38			/			
39				/		
40					/	
41	/					
42			/			
43				/		
44					/	
45	/					
46			/			
47				/		
48					/	
49						/
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

51			1			
52		1				
53			1			
54				1		
55					1	
56						1
57						1
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			10			
TOTAL DEP.			38			
TOTAL CLAIMS			48			